

State: Arkansas **Filing Company:** Pacific Life Insurance Company
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: A12RSC
Project Name/Number: A12RSC/A12RSC

Filing at a Glance

Company: Pacific Life Insurance Company
Product Name: A12RSC
State: Arkansas
TOI: L08 Life - Other
Sub-TOI: L08.000 Life - Other
Filing Type: Form
Date Submitted: 11/06/2012
SERFF Tr Num: PALD-128755600
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: A12RSC

Implementation: On Approval
Date Requested:
Author(s): Jill Dease
Reviewer(s): Linda Bird (primary)
Disposition Date: 11/08/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: A12RSC
Project Name/Number: A12RSC/A12RSC

Filing Company: Pacific Life Insurance Company

General Information

Project Name: A12RSC
Project Number: A12RSC
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Status of Filing in Domicile: Authorized
Date Approved in Domicile: 10/09/2012
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 11/08/2012
State Status Changed: 11/08/2012
Created By: Jill Dease
Corresponding Filing Tracking Number: A12RSC

Deemer Date:
Submitted By: Jill Dease

Filing Description:
November 4, 2012 NAIC # 00067466
FEIN # 95-1079000

Re: Form A12RSC Reinstatement Application for Spouse and/or Child Rider
Form A12RST Reinstatement Application for Individual Life Insurance

We are submitting the above referenced individual (non-group) life insurance forms in final print for your approval. These forms are new forms that do not replace any previously approved forms. These applications will be completed when an owner is seeking policy replacement. Form A12RSC is used when reinstating an individual life insurance policy, whereas form A12RST is used when reinstating a spouse or child rider.

The following pertain to this submission

- The forms satisfy any relevant readability requirements with readability scores of 51 and 50.1 respectively. Any required certification is enclosed.
- The target release is upon approval.
- The form will be used with all policy forms available.
- If a filing fee is required, it is handled in the usual manner and any required certification forms are enclosed.
- Please note that this filing is exempt from the requirements of the regulation (Illustrations Actuary's Certification, etc.) since this is an application filing.
- A Statement of Variability is enclosed.
- These forms will be used with all plans of insurance sold by Pacific Life. These include; Whole Life, Variable Universal Life, Universal Life, Indexed Universal Life and Term Life.
- These applications will be provided as paper applications. We will not be using them electronically or telephonically.
- Because these applications will be used to reinstate previously issued policies, there are no applicable replacement or suitability questions located in these applications or in any separate forms.

To the best of my knowledge and belief this filing complies with the reinstatement application requirements in your state. If you would like to discuss any aspect of this filing, please feel free to contact me at (800) 800-7681, extension 7081.

Sincerely,

Jill Dease
Sr. Compliance Analyst, Product Compliance, Life Division

State: Arkansas **Filing Company:** Pacific Life Insurance Company
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: A12RSC
Project Name/Number: A12RSC/A12RSC

Company and Contact

Filing Contact Information

Jill Dease, Compliance Analyst Jill.Klinger@pacificlife.com
 45 Enterprise Drive 949-420-7081 [Phone]
 Aliso Viejo, CA 92656 949-420-7424 [FAX]

Filing Company Information

Pacific Life Insurance Company	CoCode: 67466	State of Domicile: Nebraska
45 Enterprise Drive	Group Code: 709	Company Type:
Aliso Viejo, CA 92656	Group Name:	State ID Number:
(949) 420-7080 ext. [Phone]	FEIN Number: 95-1079000	

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: \$50.00 per form x 2 forms = \$100
 Per Company: No

Company	Amount	Date Processed	Transaction #
Pacific Life Insurance Company	\$100.00	11/06/2012	64612381

State: Arkansas Filing Company: Pacific Life Insurance Company
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: A12RSC
Project Name/Number: A12RSC/A12RSC

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/08/2012	11/08/2012

SERFF Tracking #:

PALD-128755600

State Tracking #:**Company Tracking #:**

A12RSC

State:

Arkansas

Filing Company:

Pacific Life Insurance Company

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

A12RSC

Project Name/Number:

A12RSC/A12RSC

Disposition

Disposition Date: 11/08/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Statement of Variability		Yes
Form	REINSTATEMENT APPLICATION FOR SPOUSE AND/OR CHILD RIDER		Yes
Form	REINSTATEMENT APPLICATION FOR INDIVIDUAL LIFE INSURANCE		Yes

State: Arkansas

Filing Company:

Pacific Life Insurance Company

TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other

Product Name: A12RSC

Project Name/Number: A12RSC/A12RSC

Form Schedule

Lead Form Number: A12RSC								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		REINSTATEMENT APPLICATION FOR SPOUSE AND/OR CHILD RIDER	A12RSC	AEF	Initial		51.000	A12RSC.pdf
2		REINSTATEMENT APPLICATION FOR INDIVIDUAL LIFE INSURANCE	A12RST	AEF	Initial		50.100	A12RST.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

PACIFIC LIFE INSURANCE COMPANY

[Life Insurance Division
 P.O. Box 2030 • Omaha, NE 68103-2030
 (800) 347-7787 • Fax (866) 398-0467
 www.PacificLife.com]



REINSTATEMENT APPLICATION FOR SPOUSE AND/OR CHILD RIDER

Name: First	MI	Last	SSN/TIN	Policy Number
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GENERAL INFORMATION

	Yes	No
1. Within the next two years, do you plan to fly, or within the last two years have you flown as a pilot, student pilot, or crewmember? If Yes, complete the aviation questionnaire.	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you intend to travel or reside outside the United States within the next two years? If Yes, complete the appropriate travel questionnaire.	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had life insurance declined, rated, modified, cancelled or not renewed? If Yes, provide details in the Remarks section.	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you been convicted of a felony within the past five years? If Yes, provide details in the Remarks section.	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you had a driver's license restricted or revoked or been convicted of three or more moving violations within the past five years? If Yes, provide details in the Remarks section.	<input type="checkbox"/>	<input type="checkbox"/>
6. Within the past five years, have you used or smoked tobacco and/or any other product containing nicotine in any quantity? If Yes, provide details as to type of product and date last used in the Remarks section.	<input type="checkbox"/>	<input type="checkbox"/>

MEDICAL INFORMATION (Provide details for "Yes" answers to Medical questions below.)

	Yes	No
1. What is your height? _____		
2. What is your weight? _____		
3. In the last five years, have you been examined or treated by a physician or medical practitioner or been examined or treated at a hospital or other medical facility?	<input type="checkbox"/>	<input type="checkbox"/>
4. Except for HIV, have you been diagnosed, treated, tested positive for, or been given medical advice by a member of the medical profession for a disease or disorder such as:		
a. Chest pain, angina, congestive heart failure, heart disease, heart murmur, coronary artery disease, peripheral vascular disease, atrial fibrillation, high blood pressure, or other disorders of the heart or blood vessels?	<input type="checkbox"/>	<input type="checkbox"/>
b. Transient ischemic attack, stroke?	<input type="checkbox"/>	<input type="checkbox"/>
c. Asthma, emphysema, Chronic Obstructive Pulmonary Disease (COPD)?	<input type="checkbox"/>	<input type="checkbox"/>
d. Cancer, leukemia, lymphoma?	<input type="checkbox"/>	<input type="checkbox"/>
e. Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
f. Cirrhosis, chronic hepatitis, diseases of the liver, pancreas, or kidney?	<input type="checkbox"/>	<input type="checkbox"/>
5. Within the last 5 years, have you ever been diagnosed, treated, or been given medical advice by a member of the medical profession and/or taken medication for depression or any psychiatric or mental health disorder?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever received medical treatment or counseling for, or been advised by a physician to discontinue, the use of alcohol or prescribed or non-prescribed drugs?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever been diagnosed by a member of the medical profession or tested positive for Human Immunodeficiency Virus (AIDS virus) or Acquired Immune Deficiency Syndrome (AIDS)?	<input type="checkbox"/>	<input type="checkbox"/>
8. List any medical examinations, consultations or treatments any family member listed in the Spouse and/or Child Riders Information section had within the last five years. (If none, check this box <input type="checkbox"/>)		

First Name	Reason for Examination, Consultation or Treatment	Date	Duration	Result	Name and Address of Physician



REMARKS

SIGNATURES

The above statements are true and complete to the best of my knowledge and belief. Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

I agree this application will be attached to and made part of the policy.

SIGNED IN:

City	State
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SIGNED AND DATED ON:

Date (mm/dd/yyyy)

**X**

Former Insured's Signature (parent or guardian if insured is a minor)

PACIFIC LIFE INSURANCE COMPANY

[Life Insurance Division
 P.O. Box 2030 • Omaha, NE 68103-2030
 (800) 347-7787 • Fax (866) 398-0467
 www.PacificLife.com]



REINSTATEMENT APPLICATION FOR INDIVIDUAL LIFE INSURANCE

PROPOSED INSURED

1. Name: First	MI	Last	2. Policy Number	
3. Residence Address: Street	City	State	Zip Code	4. SSN/TIN
5. Phone Number				7. Occupation
6. Employer's Name				

GENERAL INFORMATION

	YES	NO
1. Within the next two years, do you plan to fly, or within the last two years have you flown as a pilot, student pilot, or crewmember? If Yes, complete the aviation questionnaire.	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you intend to travel or reside outside the United States within the next two years? If Yes, complete the appropriate travel questionnaire.	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had life insurance declined, rated, modified, cancelled or not renewed? If Yes, provide details in the Remarks section.	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you been convicted of a felony within the past five years? If Yes, provide details in the Remarks section.	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you had a driver's license restricted or revoked or been convicted of three or more moving violations within the past five years? If Yes, provide details in the Remarks section.	<input type="checkbox"/>	<input type="checkbox"/>
6. Within the past five years, have you used or smoked tobacco and/or any other product containing nicotine in any quantity? If Yes, provide details as to type of product and date last used in the Remarks section.	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you intend to finance any of the premium required to pay for this policy through a financing or loan agreement? If Yes, provide details in the Remarks section.	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you sold or do you intend to sell the policy to a life settlement, viatical, or other secondary market provider?	<input type="checkbox"/>	<input type="checkbox"/>

MEDICAL INFORMATION (Provide details for "Yes" answers to Medical questions below.)

	Yes	No
1. What is your height? _____		
2. What is your weight? _____		
3. In the last five years, have you been examined or treated by a physician or medical practitioner or been examined or treated at a hospital or other medical facility?	<input type="checkbox"/>	<input type="checkbox"/>
4. Except for HIV, have you been diagnosed, treated, tested positive for, or been given medical advice by a member of the medical profession for a disease or disorder such as:		
a. Chest pain, angina, congestive heart failure, heart disease, heart murmur, coronary artery disease, peripheral vascular disease, atrial fibrillation, high blood pressure, or other disorders of the heart or blood vessels?	<input type="checkbox"/>	<input type="checkbox"/>
b. Transient ischemic attack, stroke?	<input type="checkbox"/>	<input type="checkbox"/>
c. Asthma, emphysema, Chronic Obstructive Pulmonary Disease (COPD)?	<input type="checkbox"/>	<input type="checkbox"/>
d. Cancer, leukemia, lymphoma?	<input type="checkbox"/>	<input type="checkbox"/>
e. Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
f. Cirrhosis, chronic hepatitis, diseases of the liver, pancreas, or kidney?	<input type="checkbox"/>	<input type="checkbox"/>
5. Within the last 5 years, have you ever been diagnosed, treated, or been given medical advice by a member of the medical profession and/or taken medication for depression or any psychiatric or mental health disorder?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever received medical treatment or counseling for, or been advised by a physician to discontinue, the use of alcohol or prescribed or non-prescribed drugs?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever been diagnosed by a member of the medical profession or tested positive for Human Immunodeficiency Virus (AIDS virus) or Acquired Immune Deficiency Syndrome (AIDS)?	<input type="checkbox"/>	<input type="checkbox"/>

MEDICAL CERTIFICATION (Give details of all medical examinations, consultations or treatment that you have had within the last five years.

If none, check this box .)

Reason for Consultation, Examination or Treatment	Date	Duration	Result	Name and Address of Physician



REINSTATEMENT APPLICATION FOR INDIVIDUAL LIFE INSURANCE



Name: First	MI	Last	Policy Number
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IN FORCE INSURANCE INFORMATION

Complete the chart below for any **existing** life insurance or annuity, if none check this box .

Policy / Contract #	Company	Face Amount	Issue Yr

SPOUSE AND/OR CHILD RIDERS INFORMATION (For each person listed, complete the Reinstatement Application for Spouse and/or Child Rider form)

Full Name of Person to be Covered	Date of Birth (mm/dd/yyyy)	Relationship

REMARKS

SIGNATURES

I hereby apply for reinstatement of the above policy. I represent that the foregoing answers and statements are true and complete to the best of my knowledge and belief. I understand that:

1. During the reinstatement consideration period, the policy will remain lapsed. No benefits will be payable, and any amount received will not earn any investment experience or interest.
2. For variable, equity indexed or indexed universal policies, reinstatement will be effective as of the Monthly Payment Date on or next following the date of approval by Pacific Life Insurance Company (PLIC). Accumulated Value less Policy Debt will be allocated among the policy's available Variable Accounts, Fixed Accounts, or Indexed Accounts in accordance with the policyowner's current premium allocation instructions.
3. If the policy is not reinstated, the Company's only liability in connection with this application shall be the refund of all sums tendered, without interest.
4. If the policy is reinstated, any money being held will be applied to any outstanding loan (if applicable), unless otherwise stated.
5. If the policy is reinstated but if any answers or statements contained herein are not complete and correct and would affect the Company's decision to reinstate the policy, then the Company's only liability for two years from the date of reinstatement shall be the refund of any amount paid to effect such reinstatement and all premiums paid thereafter.
6. If there was an outstanding loan at the time of policy lapse, other conditions may apply.
7. This application will be attached to and made part of the policy.

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

SIGNED IN:

City	State
------	-------

SIGNED AND DATED ON:

Date (mm/dd/yyyy)



X

Former Insured's Signature (parent or guardian if insured is a minor)

SERFF Tracking #:

PALD-128755600

State Tracking #:**Company Tracking #:**

A12RSC

State:

Arkansas

Filing Company:

Pacific Life Insurance Company

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

A12RSC

Project Name/Number:

A12RSC/A12RSC

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
AR1GuarAssocNote.pdf			
AR Reg 19 Cert of Compliance.pdf			
AR Reg 34 Cert of Compliance.pdf			
Readability Cert Gen.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	Application is the form being filed for approval.		

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:			
Attachment(s):			
Statement of Variability Gen A12RST.pdf			

LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND DISABILITY INSURANCE GUARANTY ASSOCIATION ACT

Residents of this state who purchase life insurance, annuities or disability insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Disability Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

DISCLAIMER

The Arkansas Life and Disability Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Disability Insurance Guaranty Association
c/o The Liquidation Division
1200 West Third Street (Third & Cross)
Little Rock, Arkansas 72201-1904

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

The state law that provides for this safety net is called the Arkansas Life and Disability Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or disability insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC")(whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$100,000 in health insurance benefits, \$100,000 in present value of annuity benefits, or \$100,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

PACIFIC LIFE INSURANCE COMPANY
700 Newport Center Drive, Newport Beach, California 92660

STATE OF ARKANSAS

CERTIFICATION OF COMPLIANCE

RE: A12RSC and A12RST

I hereby certify that to the best of my knowledge and belief, the above forms and their submission comply with Regulation 19, as well as the other laws and regulations of the State of Arkansas.

Signed for the Company at Newport Beach, California on November 5, 2012



SIGNATURE

THOMAS C. BILELLO

NAME

VICE PRESIDENT

TITLE

Contact Person:

Jill Klinger-Dease
Compliance Analyst, Product Compliance, 800-800-6416, extension 3618

(Arkansas)

PACIFIC LIFE INSURANCE COMPANY
700 Newport Center Drive, Newport Beach, California 92660

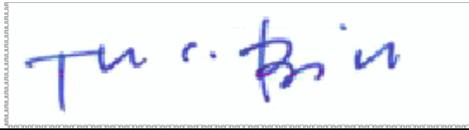
STATE OF ARKANSAS

CERTIFICATION OF COMPLIANCE

RE: A12RSC and A12RST

I hereby certify that to the best of my knowledge and belief, the above forms and their submission comply with Regulation 34, as well as the other laws and regulations of the State of Arkansas.

Signed for the Company at Newport Beach, California on November 4, 2012



SIGNATURE

THOMAS C. BILELLO

NAME

VICE PRESIDENT

TITLE

Contact Person:

Jill Klinger Dease
Compliance Analyst, Product Compliance, 800-800-6416, extension 3618

(Arkansas)

READABILITY CERTIFICATION

Form Filing for: **Pacific Life Insurance Company**

Policy Form Number(s): A12RSC
A12RST

Form Name(s): Reinstatement Application for Spouse and/or Child Rider
Reinstatement Application for Individual Life Insurance

Flesch Score(s): 51
50.1

(Flesch test was made for entire form, not for selected samples.)

Test type: 10 point

I certify that in my judgment this filing is:

- **READABLE** (simple sentence structure – shortness of sentences – use of common words – avoidance of legal and technical terms to greatest possible extent and defining of those terms which cannot be avoided – minimum of cross-references).
- **LEGIBLE** (ample type size for text with contrasting type for headings and subheadings – ample space between lines – ample white space in margins and between section – ample ink-to-paper contrast).
- **IN LOGICAL ORDER AND FORMAT** (table of contents or index included – sections and subsections self-contained and arranged in logical flow – extensive use of headings and subheadings to facilitate location of particular items – outline form used where desirable for clarity).

I believe this filing:

- Meets or exceeds the requirements of the policy readability legislation already enacted in numerous states; and
- Meets or exceeds the requirements of the NAIC Model Bill on language simplification.

Signed for the Company at Newport Beach, California on

November 4, 2012



SIGNATURE

THOMAS C. BILELLO

NAME

VICE PRESIDENT

TITLE

Statement of Variability
Forms A12RST and A12RSC

LOCATION	FACTOR	SAMPLE VALUE	RANGE	CONDITIONS
Sample app. page 1	Company contact information	Life Insurance Division P. O. Box 2030 • Omaha, NE 68103- 2030 (800) 347-7787 • Fax (866) 964-4860 www.PacificLife.com	Company address, telephone number, fax number, website	Reflects the current address, phone number, fax number and website of the company